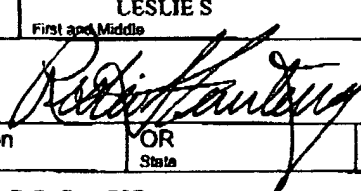
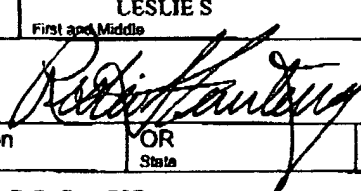
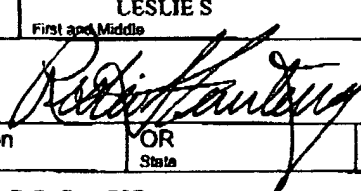


DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) Declaration Submitted with Initial Filing	Docket Number	030716																																																																
	Inventor	LESLIE S. FEINBERG																																																																
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	Filing Date	09/15/03																																																																
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<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p>Patent Titled: A Method of Neuromodulation Therapy Inventor: LESLIE S FEINBERG</p> <p><input checked="" type="checkbox"/> the specification of which is attached hereto.</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>As named Inventor, I hereby appoint the following registered practitioner to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Carl D. Crowell, # 43,568</p> <p>Direct all Correspondence to:</p> <table border="1"> <tr> <td>Name:</td> <td colspan="4">Carl D. Crowell</td> </tr> <tr> <td>Address:</td> <td colspan="4">P.O. Box 923</td> </tr> <tr> <td>City:</td> <td>Salem</td> <td>State:</td> <td>OR</td> <td>ZIP:</td> <td>97308-0923</td> </tr> <tr> <td>Telephone:</td> <td>503-581-1240</td> <td>Fax:</td> <td>503-585-1472</td> <td colspan="2">email: carl03@NW-LAW.COM</td> </tr> </table> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> <table border="1"> <tr> <td>Name of Inventor:</td> <td colspan="2">LESLIE S</td> <td colspan="2">FEINBERG</td> </tr> <tr> <td></td> <td colspan="2">First and Middle</td> <td colspan="2">Family Name</td> </tr> <tr> <td>Inventor's Signature:</td> <td colspan="2"></td> <td colspan="2">Date: 9/15/03</td> </tr> <tr> <td>Residence:</td> <td>Hermiston</td> <td>OR</td> <td>USA</td> <td>USA</td> </tr> <tr> <td></td> <td>City</td> <td>State</td> <td>Country</td> <td>Citizenship</td> </tr> <tr> <td>Post Office Address:</td> <td colspan="4">P.O. Box 527</td> </tr> <tr> <td>Hermiston</td> <td>OR</td> <td>97838</td> <td colspan="2">USA</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP</td> <td colspan="2">Country</td> </tr> </table>					Name:	Carl D. Crowell				Address:	P.O. Box 923				City:	Salem	State:	OR	ZIP:	97308-0923	Telephone:	503-581-1240	Fax:	503-585-1472	email: carl03@NW-LAW.COM		Name of Inventor:	LESLIE S		FEINBERG			First and Middle		Family Name		Inventor's Signature:			Date: 9/15/03		Residence:	Hermiston	OR	USA	USA		City	State	Country	Citizenship	Post Office Address:	P.O. Box 527				Hermiston	OR	97838	USA		City	State	ZIP	Country	
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